



State of California  
Kevin Shelley  
Secretary of State

FILE NO: \_\_\_\_\_

**NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP**

(Family Code Section 299)

**Instructions:**

1. Complete and send by **CERTIFIED** mail to:

Secretary of State  
P.O. Box 942877  
Sacramento, CA 94277-0001  
(916) 653-3984

(Office Use Only)

2. There is no fee for filing this Notice of Termination

**I, the undersigned, do declare that:**

Former Partner: \_\_\_\_\_ and I are no longer Domestic Partners.  
(Last) (First) (Middle)

Secretary of State File Number: \_\_\_\_\_.

If termination is caused by death or marriage of the domestic partner please indicate the date of the death or the marriage: \_\_\_\_\_.  
(month/day/year)

This date shall be the actual termination date for the Domestic Partnership as provided in Family Code Section 299.

Signature \_\_\_\_\_ (Last) (First) (Middle)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**NOTARIZATION IS REQUIRED**

State of California

County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared \_\_\_\_\_

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person executed the instrument.

Signature of Notary Public \_\_\_\_\_

[PLACE NOTARY SEAL HERE]